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Weekly Bulletin



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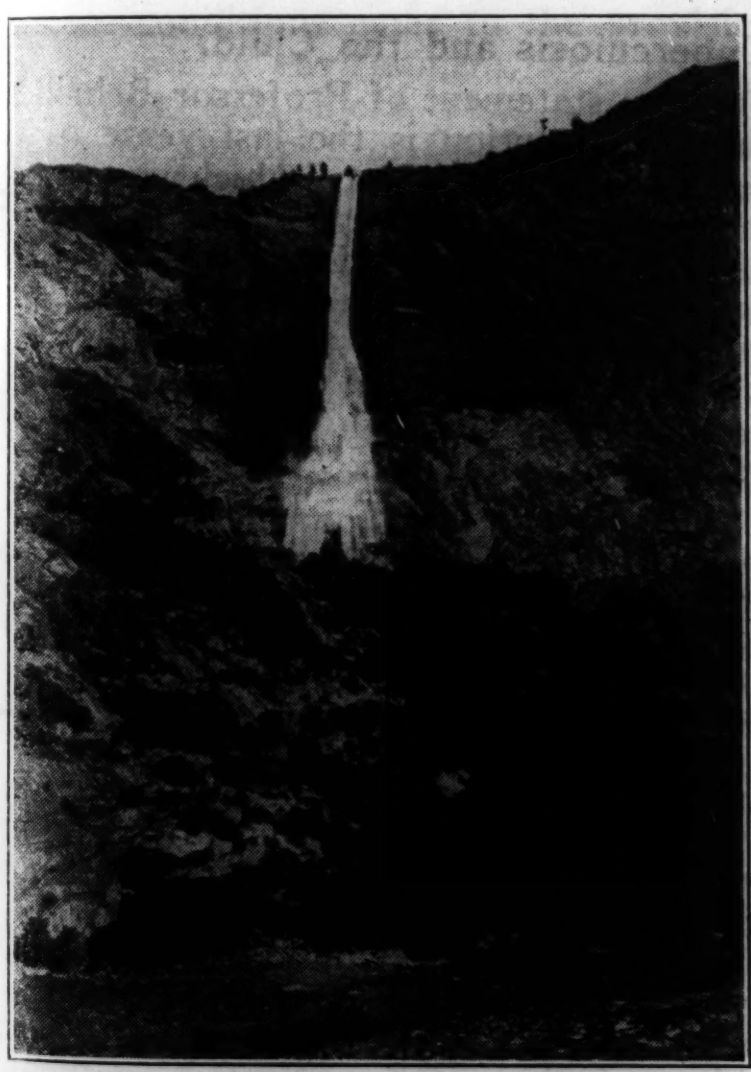
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San Francisco Water Supply.

The waterfalls shown in this illustration constitute a part of the supply from which San Francisco hopes eventually to draw its municipal water supply. The supply now in use is of unquestioned



Hetch Hetchy Falls.

purity, but it is doubtful if a sufficient quantity can be developed from near-by sources to provide a sufficient supply for the increase in San Francisco's population during the coming years. It may be some time before the melted snows of the Sierras are used for domestic purposes in San Francisco, but work toward that end is progressing steadily.

February Mortality High.

February, the shortest month, always brings a large number of cases and deaths from respiratory infections. The undue prevalence of influenza and pneumonia during February of this year caused about twice as many deaths from these diseases as occurred during the same month last year. The numbers of cases and deaths from influenza and pneumonia in February, 1922, are as follows:

	Cases.	Deaths.
Influenza -----	19,565	324
Pneumonia -----	764	626
Totals-----	20,329	950

Nurses Register for Institute.

The Public Health Nursing Institute to be given by the State Board of Health and the summer session of the University of California, July 24 to August 5, 1922, promises to be a distinct success. Fifty public health nurses, to which number the institute is limited, have already registered for enrollment. The names of these fifty nurses will be published in the next issue of this publication, together with a list of alternates, from which names will be selected, in rotation, of those nurses who may attend in case any of the original fifty are unable to be present.

Common Colds Dangerous.

Dr. George Joyce Hall, health officer of Sacramento, has suggested that if careless persons suffering from cold in the head or sore throat could be labeled 'Dangerous,' the extent of epidemics of respiratory infections might be limited. While this suggested procedure seems



drastic and impossible of enforcement at the present time, it is not at all improbable that public opinion in the future will demand action of this sort as a matter of protection to the general populace. Dr. Hall writes in the February bulletin of the Sacramento Health Department:

"One of the most distressing feelings experienced by parents is the worry and strain of having a child dangerously sick. Actions at such a time include watchful attention on the part of the parents, careful nursing, and probably the most skillful medical man they know to supervise the case. And still there are times when human help seems of no avail and a life is lost. If this death is caused by one of the so-called communicable diseases, then there is blame to be attached somewhere. Whether it be due to the carelessness of others or to the lack of thorough realization by the parents of the beginning signs of the disease, at least it is proper that an effort be made constantly to educate every one to the danger of apparently simple little things like sore throats, 'running noses' and slight coughs.

If it were possible to control the early conditions called colds, then the terrifying strain of a dangerously sick child suffering from pneumonia, diphtheria, scarlet fever, measles, influenza or other such conditions, would not be experienced very frequently. Such serious diseases as those mentioned above begin as infections of the respiratory tract, and the person who has been suffering from merely a 'cold' is within a few days found to be really sick with something else.

It is probably because the greater number of ordinary colds clear up in a very short time that the general public can not apparently be impressed with the possible dangers involved. It is not at all infrequent for an individual to contract a cold and have it develop into pneumonia, from another person who does not become seriously sick at all.

In my opinion, the two most important necessities in controlling communicable diseases are:

1. Isolation of the sick patient until no longer contagious.
2. Isolation of the contact until proven is not a carrier.

The first is accomplished by law in what are known as the quarantinable diseases, by placing the sick person in absolute quarantine, and the second is also carefully checked up in such types of disease. The term 'diphtheria carrier' has become well known, as has also that of 'typhoid carrier.' And it is in

the hope of impressing a few people that those with colds are also 'carriers' of disease that this article is written.

When physicians and others realize that sore throats and colds in the head are a real danger to the general population, then they will take such steps as will prevent, to a great extent, the high death rate of communicable respiratory infections; and until such time as the person who is seen to have a cold is treated as a dangerous individual the statistics on cases and deaths from contagious diseases will still show a similar percentage of the whole as appears at this time. And this percentage is much too large.

An epidemic of colds, grippe or influenza would not assume the proportions that constantly occur if the careless person who has a cold in the head, coryza (or 'running nose') or a sore throat could be labeled 'DANGEROUS' and kept away from other people. Such a person should be 'bawled out' in public whenever seen with these symptoms."



### Tuberculosis and the Child.

In the statement of Professor Behring, that consumption is the last verse of a song, the first stanza of which was sung to the child in the cradle, the key-note of the proper method of procedure in the prevention of tuberculosis in the individual, the family, the village, or the world, was struck. We know now that he was right although it took a decade of observation and experiment to establish his dictum firmly. Those interested have gradually grasped its entire significance and now in the fight against tuberculosis and consumption, the child who has been infected in the cradle receives special attention.

The medical examinations made for the draft disclosed a very high percentage of defectives among the youth of this country, and the United States census tells us that there are 15,000,000 defective children in the United States. This ten per cent of the population are the ones from whom the consumptive population of the next generation will be mobilized. The latent and inactive tuberculosis of childhood, as it gradually changes into the active or chronic tuberculosis of adolescence is ultimately responsible for a large majority of these adult physical wrecks. H. LONGSTREET TAYLOR, M.D.



If you want to be miserable, think about yourself, about what you want, what you like, what respect people ought to pay you, and what people think of you.—Charles Kingsley.



### Palo Alto Buys Its Good Health.

Palo Alto spent less than \$1 per capita for the maintenance of its public health department in 1921. The estimated population of the city is 6500, and its annual appropriation is \$6375. This provides a full-time health officer, a full-time nurse, sanitary inspector, and part-time bacteriologist and stenographer. Some of the results achieved by this organization are shown in a comparison of the Palo Alto death rates with similar rates for the state:

Palo Alto general death rate----	8.9
State death rate -----	13.5
Palo Alto infant mortality rate--	25.6
State infant mortality rate-----	66.7

The general death and infant mortality rates for the average small city of California are higher than those rates for the whole state. The work accomplished in Palo Alto through the maintenance of this full-time health department, at relatively small expense, means the annual saving of a number of lives and the maintenance of a clean city where conditions cater to the provision of a sanitary environment.

During 1921 there were nearly 6000 cases of smallpox in California. There was but one case in an unvaccinated adult in Palo Alto during the year. Palo Alto public schools kept open during the entire year, although schools in districts bordering Palo Alto were closed at times because of the presence of diphtheria and scarlet fever. This unwise procedure was not resorted to by Palo Alto. Instead, the children in the public schools were kept under the supervision of the nurse, those showing any signs of illness being excluded from attendance.

There were 302 cases of communicable diseases reported in the city during the year. One hundred twenty of these were chickenpox, 76 mumps, 41 whooping cough, 17 scarlet fever, and 12 diphtheria. Two cases of typhoid fever were reported during the year, both of which cases were contracted outside of the city.

There were but three deaths of children under one year of age, which with 117 births gives an infant mortality of 25.6 per thousand births. For the past ten years the city's infant mortality rate has been low. There is no better index to the health of any community than its infant mortality rate.

Palo Alto is fortunate in having an efficient health officer in Louis Olsen. It is also fortunate in having men like Professor J. C. L. Fish, D. M. Folsom,

and J. E. Sloan on its Board of Public Safety. Palo Alto is also fortunate in having public-spirited citizens who are willing to appropriate special funds for the maintenance of an active public health department. If all small health departments were accorded the same kind of support, the death rate for the average small California city would soon be less than that for the state as a whole. The opportunity that Palo Alto has taken advantage of is open to every other community in the state. It requires only the vision and the necessary spirit to achieve this desirable result.

### Laboratory Workers Contract Tularaemia.

All six of the laboratory workers of the United States Public Health Service who have been studying tularaemia, a disabling sickness of man which has been known, particularly in Utah, for the last five years, have contracted the disease, two of them being infected in the laboratory in Utah and the other four in the Hygienic Laboratory in Washington. Such a record of morbidity among investigators of a disease is probably unique in the history of experimental medicine.

Two of these workers are physicians; one is a highly-trained scientist; and the others are experienced laboratory assistants. One of them contracted the disease twice, once in the laboratory in Utah, and again two years and five months later, in the laboratory in Washington.

In these workers the disease began with a high fever, lasting about three weeks, and was followed by two months of convalescence. The disease has few fatalities, its chief interest arising from the long period of illness which it causes in midsummer, when the farmers of Utah are busily engaged in cutting alfalfa and plowing sugar beets.

The studies into the cause and transmission of the disease show it to be due to a germ, *Bacterium tularensis*, which is conveyed by six different insects: the blood-sucking fly, *Chrysops distalis*; the stable fly, *Stomox calcitrans*; the bed-bug, *Cimex lectularius*; the squirrel flea, *Ceratophyllus acutus*; the rabbit louse, *Haemodipsus ventricosus*; and the mouse louse, *Polyplax serratus*. Only the first four of these are known to bite man. It appears possible that the germ may also enter through unbroken skin; for instance, that of the hands.

The three W's is my maxim: plenty of work, plenty of wittles, and plenty of wages.—Thackeray.



**MORBIDITY.****Influenza.**

The influenza outbreak is practically ended. There were 1169 cases reported last week and during the preceding week there were 3911 cases reported. It is believed that the outbreak will completely disappear within the next two weeks.

**Smallpox.**

Smallpox reports dwindled to 36 cases last week. Of these 16 were in San Jose and Santa Clara County and eight cases were in Bakersfield and Kern County. The disease has persisted in Kern and Santa Clara counties for several weeks. Alameda, San Francisco and Stanislaus counties each reported two cases last week. The remaining cases were in Los Angeles, Pacific Grove and in Amador, Tulare and San Luis Obispo counties.

**Leprosy.**

Los Angeles and Orange County each reported one case of leprosy last week.

**Cerebrospinal Meningitis.**

One case was reported in Orange County last week.

**Epidemic Encephalitis.**

One case was reported in Sacramento last week.

**Typhoid.**

Of the eight cases reported in California last week four are in Los Angeles, two in San Francisco, one in Oakland and 1 in Ontario.

**LIST OF DISEASES REPORTABLE BY LAW.**

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATA
CEREBROSPINAL MENINGITIS (Epidemic)	TORUM
CHICKENPOX	PARATYPHOID FEVER
CHOLERA, ASIATIC	PELLAGRA
DENGUE	PLAGUE
DIPHTHERIA	PNEUMONIA
DYSENTERY	POLIOMYELITIS
ENCEPHALITIS (Epidemic)	RABIES
ERYSIPELAS	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
FLUKES	SCARLET FEVER
FOOD POISONING	SMALLPOX
GERMAN MEASLES	SYPHILIS*
GLANDERS	TETANUS
GONOCOCCUS INFECTION*	TRACHOMA
HOOKWORM	TUBERCULOSIS
INFLUENZA	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
MALARIA	WHOOPIING COUGH
	YELLOW FEVER

\*Reported by office number. Name and address not required.

**QUARANTINABLE DISEASES.**

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

**COMMUNICABLE DISEASE REPORTS.**

Disease	1922				1921			
	Week ending			Reports for week ending Mar. 25 received by Mar. 28	Week ending			Reports for week ending Mar. 26 received by Mar. 30
	Mar. 4	Mar. 11	Mar. 18		Mar. 5	Mar. 12	Mar. 19	
Anthrax	0	1	0	0	0	0	0	0
Cerebrospinal meningitis	2	1	3	1	4	2	4	4
Chickenpox	176	182	195	132	252	265	214	193
Diphtheria	139	160	183	143	102	136	141	127
Dysentery (bacillary)	0	0	2	0	2	1	0	4
Epidemic encephalitis	1	2	5	1	3	2	5	4
Gonorrhoea	118	97	52	60	109	78	79	54
Hookworm	0	0	0	2	0	0	0	0
Influenza	12,197	5,841	3,911	1,169	195	187	163	167
Leprosy	0	0	0	2	1	2	1	0
Malaria	0	1	2	3	3	1	3	9
Measles	23	23	15	25	813	880	622	643
Mumps	109	93	110	66	335	279	257	294
Pneumonia	300	310	264	183	101	100	86	45
Poliomyelitis	1	2	0	0	1	0	3	0
Scarlet fever	132	105	129	123	140	112	124	107
Smallpox	54	58	59	36	215	169	143	95
Syphilis	135	77	93	93	111	77	55	45
Tuberculosis	159	160	212	193	206	156	183	143
Typhoid fever	14	13	6	8	11	9	12	25
Whooping cough	56	57	41	42	54	35	74	45